

A CASE OF FATAL CHOREA.

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THE following are the notes of a case of chorea which terminated fatally after being under my observation from December 29, 1895, to January 2, 1896,—five days.

Mary S., age thirteen and a half years, blonde, large and well-developed for her age.

Previous history.—Six weeks before, the mother had first noticed the choreic movements. She soon discovered that the left hand and foot were most affected. Her description was that of the onset of an ordinary chorea. A homœopathic practitioner had charge of the case until I was called. He seemed to have used remedies in a homœopathic way throughout. The movements slowly but steadily grew worse. Just one week prior to my first visit, the mother noticing the child unusually restless in her sleep, went to her bed, placed her hand upon her forehead. She awoke with a start. From that time the chorea had been very severe. The patient had remained in bed, rested poorly and taken little nourishment; had been feverish, calling frequently for water.

Before she took to bed the mother thought that she occasionally had fever, and on some days she was droopy. But for the most part she kept in good spirits, was always amiable, trying to assist in the domestic duties, in which respect and in needle work she was very proficient for one of her age. She had also made good progress at school. She had occasionally complained of rheumatoid pains in the legs, but they were never an important feature.

Clinical history.—The movements were very severe, involving face, neck, trunk, and extremities, all about equally. She lay in the centre of a large bed, banked about on all sides with pillows. The administration of nourishment was extremely difficult on account of the constant and severe movements. Deglutition did not

seem much impaired. The patient declared that she was hungry and patiently took what was given her in small amounts—always fluid. When questioned she insisted that she had no pain, that she was very tired, and asked for something to rest her. It had become impracticable to use a night-vessel, pads being used to receive the excreta, which were not passed involuntarily. The sensorium was clear, and although articulation was difficult and very imperfect, she made all her wants known to her mother. She occasionally became somewhat impatient, but her conduct was surprisingly rational and considerate. On awakening from sleep she had occasionally seemed momentarily delirious or dazed.

There was but little change from the above condition until the last day of her illness. Medication was very unsatisfactory. Twelve grains of chloral would secure sleep of two hours duration, one-fourth grain doses of morphine hypodermically three or four hours only occasionally. Sometimes both of these remedies had only the slightest quieting effect. The movements ceased during sleep, but were as severe as ever on awakening. On the 31st and 1st there were once or twice transient illusions, *e. g.*, she insisted that her brother had placed a false face on the ornament on the top of the heating stove in the room which she occupied, but she soon recognized the normal appearance of the object.

On the night of the first she was very restless. The morning of the second found her with a temperature of 104° and delirious, the movements somewhat subsided. On the evening of the same day she was comatose, temperature 105.2° . Cheyne-Stokes respiration, no movements. She died at 2 A.M.

Temperature.—

	A.M.	P.M.
December 29,	—	101
" 30,	101	100
" 31,	102.5	101
January 1,	101.5	103
" 2,	104	105.2

Pulse.—Irregular, but of fair volume and force. Ranged from 120 on the first and second days to 140 on the third and fourth. On the evening of the second of January (last day) it was 160 and could be easily counted. It seemed that death would result from failure of respiration.

The heart.—The sounds were surprisingly good. On some of the examinations they were somewhat tumultuous, but never strikingly so. The mother stated that there were occasionally short spells of palpitation of which the patient complained, and which were apparent. I did not witness them. There was a soft systolic murmur at the apex.

The respiration.—At times irregular, jerky, sighing; characteristically choreic the first days. On the last day bad.

There were no swollen or painful joints, no cough, no abdominal symptoms, nor evidence of complications of any kind. She had no headache, no pain.

The urine and blood were not examined. A post-mortem examination could not be obtained.

A sister of the father died of chorea at the age of eight. His mother (still living), says she was affected much the same as this child.

The case had all the characters of ordinary chorea and no evidence of any complicating disease. Hence I feel warranted in reporting it as a case of fatal chorea. It will be noticed that the clinical history corresponds with those of other fatal cases which have been reported